



NATIONAL TRANSPORTATION SAFETY BOARD - **Public Hearing**

Conrail Derailment in Paulsboro, NJ with Vinyl Chloride Release

GROUP	3
EXHIBIT	
BD	

Agency / Organization

New Jersey Dept. of Health

Title

New Jersey Dept. of Health 2012
(PEOSH) Complaint Investigation
into the Paulsboro Fire Dept.



State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF EPIDEMIOLOGY, ENVIRONMENTAL AND OCCUPATIONAL HEALTH
PO BOX 369
TRENTON, N.J. 08625-0369

CHRIS CHRISTIE
Governor

www.nj.gov/health

KIM GUADAGNO
Lt. Governor

MARY E. O'DOWD, M.P.H.
Commissioner

May 23, 2012

John Salvatore, Administrator
Borough of Paulsboro
1211 Delaware Street
Paulsboro NJ 08066

Re: Inspection Number: 316088327
Complaint Number: Programmed
Inspection Date: January 17, 2012
Inspection Site: Paulsboro Fire Department

Dear Mr. Salvatore:

This is to confirm that a follow up inspection and/or documentation was received regarding the violations found on the above referenced Order to Comply.

Please be advised that as a result of the above inspection the violations identified on that date were abated. Based on this information this case will be closed at this time.

Thank you for your cooperation and continuing concern regarding your efforts to maintain a safe and healthful workplace.

Sincerely,

Michael A. Coyne, Program Coordinator
Public Employees' Occupational
Safety & Health

c: Howard Black, NJDLWD
Employee Representative

DOH1521

ACTIVITY SHEET

DATE/TIME	ACTIVITY
	Call to police for checks * - Mike Licariello 856- ** PII ** (LM)
1/9/12	Call to M. Licariello - LM
1/10/12	Call to ML - alt. LM w/ Robert Adam John Salvatore
1/11/12	Attempted inspection of Redford + Bellingport Station, vacant Spoke w/ Team administrator + clerk
1/15/12	Spoke w/ chief Licariello. Arranged inspection for 1/17
1/17/12	Inspection - Expanded to Bellingport Station # 316088467
2/2/12	Completed paperwork, to KS
3/1/12	Revised. to MAC OK to release
3/14/12	- Called, left message Email from Cunningham Station re OK 609- ** PII **
3/18/12	Spoke to G. Stephenson re RPP citation - emailed figures
3/30/12 1:18pm	Spoke with Mr. Salvatore - council meeting on April 3rd going to be discussed then to see if they have what needed or if they need an extension
4/13/12	left message w/ secretary to have Mr Salvatore call me back
4/13/12 2:34PM	left " " " " " " " " " " " "
4/16/12	Drafted extension letter
	Note: Inspection was conducted w/o formal complaint
	So no complainant was notified of extension request. (18)
5/9/2012 10AM	Spoke with Mr Salvatore to let him know that statements were coming due on May 16
5/16/2012	Received statement material. ^{Guy +} Postmarked May 11 th
5/21/12	Reviewed material, acceptable. No complaint to wiffy. Mac to close called Guy S. to confirm release - LM



State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES
CONSUMER, ENVIRONMENTAL AND OCCUPATIONAL HEALTH SERVICE
PO BOX 369
TRENTON, N.J. 08625-0369

CHRIS CHRISTIE
Governor

www.nj.gov/health

MARY E. O'DOWD, M.P.H.
Commissioner

Abatement material received 5/11/12

11 Items 1s + 2s dated

Compliance agreement - unable to
contact re closing

OK to close

Pat Bost
5/21/12

on
, NJ 08066

Pursuant to an agreement with the Department of Labor and Workforce Development (DLWD), your request for a delay in complying with the Order to Comply is warranted due to the consideration by the Public Employees Occupational Safety and Health (PEOSH) Program of the following factors:

1. A good faith compliance effort has been demonstrated.
2. The employee representatives and /or affected employees have been given notice of their right to comment on the request for extension by the employer.

The final determination on your abatement date extension request is based on your documented agreement to comply with the Order to Comply by **May 16, 2012**. Follow-up actions will be taken to confirm the abatement either upon notice of completion or within five days of the new abatement date. If compliance has not been effected, penalties may be issued by the DLWD within 20 days of such determination.

Should you require additional assistance with your efforts to maintain a safe and healthful workplace for your employees, please contact the PEOSH Program at (609) 984-6554.

Sincerely,

for M.C.
** PII **

Michael A. Coyne, MS
Program Coordinator
Public Employees Occupational Safety and Health Program

c: Howard Black, NJDLWD
Chief John Licciardello, Paulsboro Fire Department
Larry Moran Jr., Paulsboro Fire Department



PAULSBORO FIRE DEPARTMENT

1502 SWEDESBORO AVE. PAULSBORO, NJ 08066

Mike Licciardello – Fire Chief

609-**** PII ****

To: Patrick Bost – Compliance Officer

On Tuesday, April 10th, 2012, the Paulsboro Fire Department held a **HAZMAT AWARENESS & OPERATIONS** drill at their fire station. This drill was held to comply with the 'Notice of Order to Comply, Inspection # 316088327. The 3 hour drill was conducted by Robert Hill, head Instructor of the Gloucester County Fire Training Academy. All firefighters were given a certificate to verify their training and attendance. These can be supplied to you if need be.

To comply with the other issue, Hepatitis Vaccine Compliance, I am including a list of all employees who have signed off on their status. Once again the actual "sign off sheets" are filed in the Office of the Chief. They may be viewed by you at your request.

Per our phone conversation, I hope this puts us in compliance with your requests. Should you have any questions or need more information, please contact me at 609-**** PII ****

**** PII ****

Gary Stevenson – Asst. Chief &

Councilman – Public Safety

DOH1525

5-10-12

RECEIVED

2012 MAY 16 AM 11:08

OCCUPATIONAL HEALTH SERVICE



PAULSBORO FIRE DEPARTMENT

1502 SWEDESBORO AVE. PAULSBORO, NJ 08066

Mike Licciardello – Fire Chief

609 ** PII **

Hepatitis Vaccination Report	Vaccine Received	Form Signed
** PII **		4/22/2012
** PII **	3/3/2004	2/10/2003
** PII **		4/22/2012
** PII **		4/22/2012
** PII **	1996	2/10/2003
** PII **		4/22/2012
** PII **		2/12/2003
** PII **	7/3/2003	6/2/2003
** PII **	1990	2/10/2003
** PII **	6/26/2003	2/10/2003
** PII **		4/22/2012
** PII **	6/26/2003	6/11/2003
** PII **		4/22/2012
** PII **	6/26/2003	6/2/2003
** PII **	1990	2/10/2003
** PII **		4/22/2012
** PII **		4/22/2012
** PII **	1996	2/8/2003
** PII **	6/26/2003	6/2/2003
** PII **	6/26/2003	2/12/2003
** PII **	6/26/2003	3/3/2003

[Street Address]
[City, ST Zip Code]
[phone]
[fax]
[Web address]

Paulsboro Fire Department

Fax

To: **Patrick Bost**

From: Gary Stevenson

Fax: 609-****PII****

Pages
3 (including cover)

Phone: 609-****PII****

Date: May 10th, 2012

Re: **Inspection #316088327** cc:

☒ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• **Comments:** Patrick, per our conversation last week, I have faxed you the information you required of us (Borough of Paulsboro & Paulsboro Fire Department) to show that we have complied with the regulations set forth. I have also sent this information to your office by Priority Mail. We had till May 15th to get this to you.

I can be reached at 609-****PII**** Please confirm with me that you received this fax. My email address is gcstevenson****PII****

****PII****
DOH1527

[Street Address]
[City, ST Zip Code]
[phone]
[fax]
[Web address]

**Paulsboro Fire
Department**

Fax

To: Patrick Bost**From: Gary Stevenson****Fax: 609-****** PII ******Pages****3 (including cover)****Phone: 609-****** PII ******Date: May 10th, 2012****Re: Inspection #316088327****cc:**

☒ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

• **Comments:** Patrick, per our conversation last week, I have faxed you the information you required of us (Borough of Paulsboro & Paulsboro Fire Department) to show that we have complied with the regulations set forth. I have also sent this information to your office by Priority Mail. We had till May 15th to get this to you.

I can be reached at 609-**** PII **** Please confirm with me that you received this fax. My email address is gcstevens-**** PII ****

**** PII ****

**PAULSBORO FIRE DEPARTMENT**

1502 SWEDESBORO AVE. PAULSBORO, NJ 08066

Mike Licciardello – Fire Chief

609-

** PII **

To: Patrick Bost – Compliance Officer

On Tuesday, April 10th, 2012, the Paulsboro Fire Department held a HAZMAT AWARENESS & OPERATIONS drill at their fire station. This drill was held to comply with the 'Notice of Order to Comply, Inspection # 316088327. The 3 hour drill was conducted by Robert Hill, head Instructor of the Gloucester County Fire Training Academy. All firefighters were given a certificate to verify their training and attendance. These can be supplied to you if need be.

To comply with the other issue, Hepatitis Vaccine Compliance, I am including a list of all employees who have signed off on their status. Once again the actual "sign off sheets" are filed in the Office of the Chief. They may be viewed by you at your request.

Per our phone conversation, I hope this puts us in compliance with your requests. Should you have any questions or need more information, please contact me at 609-

** PII **

21
** PII ****Gary Stevenson – Asst. Chief &****Councilman – Public Safety**

DOH1529

5-10-12



PAULSBORO FIRE DEPARTMENT

1502 SWEDESBORO AVE. PAULSBORO, NJ 08066

Mike Licciardello - Fire Chief

609-

** PII **

Hepatitis Vaccination Report

Vaccine Received

Form Signed

** PII **

4/22/2012

** PII **

3/3/2004

2/10/2003

** PII **

4/22/2012

** PII **

4/22/2012

** PII **

1996

2/10/2003

** PII **

4/22/2012

** PII **

2/12/2003

** PII **

7/3/2003

6/2/2003

** PII **

1990

2/10/2003

** PII **

6/26/2003

2/10/2003

** PII **

4/22/2012

** PII **

6/26/2003

6/11/2003

** PII **

4/22/2012

** PII **

6/26/2003

6/2/2003

** PII **

1990

2/10/2003

** PII **

4/22/2012

** PII **

4/22/2012

** PII **

1996

2/8/2003

** PII **

6/26/2003

6/2/2003

** PII **

6/26/2003

2/12/2003

** PII **

6/26/2003

3/3/2003

Gary Stevenson

**** PII ****

N.J. Dept. of Labor + Workforce Dev.
Division of Public Safety + Occupational Health
Office of Public Employees Occupational Health

Attn. Patrick Bost

P.O. Box 368
Trenton, N.J. 08625-0386

Chief John Licciardello
Paulsboro Fire Department
1502 Swedesboro Road
Paulsboro, NJ 08066

**** PII ****

Paulsboro Fire Association

**** P I I ****

Fw: Borough of Paulsboro - Inspection #316088327

Michael A Coyne

to:

Patrick.Bost

04/04/2012 01:23 PM

Cc:

keith.bobrowski

Show Details

Michael A. Coyne, Program Coordinator

NJDHSS, PEOSH Program

(609) ** PII ** Phone

(609) ** PII ** FAX

michael.coyne ** PII **

----- Forwarded by Michael A Coyne/NJDHSS on 04/04/2012 01:22 PM -----

From: "Michael Angelini" ** PII **
 To: ** PII **
 Cc: "John Salvatore" ** PII **
 Date: 04/04/2012 12:21 PM
 Subject: Borough of Paulsboro - Inspection #316088327

Mr. Coyne,

This will confirm our telephone conversation of this morning wherein you requested that I email you regarding Paulsboro's request for an extension of time to correct the abatement as issued regarding inspection # 316088327 with an issuance date of March 9, 2012. While my understanding is the Paulsboro Fire Department has been working on the corrections they are not done yet and may not be done by the 15th of April, which is the date for the violations to be abated. On behalf of the Borough of Paulsboro I would request an extension of thirty (30) days to complete the corrections.

Furthermore, in addition to this email I will send a letter to Mr. Bost the Compliance Officer who I understand is on vacation this week notifying him of this and requesting the extension.

Thank you for your kind assistance and courtesy in this matter.

Michael Angelini, Solicitor

Borough of Paulsboro

Michael A. Angelini, Esquire
 Angelini, Viniar & Freedman, LLP
 70 Euclid Street
 Woodbury, NJ 08096
 (856) ** PII **
 (856) ** PII **

The information contained in this e-mail is privileged and confidential and intended only for the use of the individual(s) and/or entity(ies) named above. If you are not the intended recipient, you are hereby notified that any unauthorized disclosure, copying, distribution or taking of any action in reliance on the contents of the e-mailed materials is strictly prohibited and review by any individual other than the intended recipient shall not constitute waiver of the attorney-client privilege. If you have received this e-mail in error, please immediately notify us by telephone at (856) 853-8500 (collect) or by return e-mail and then delete this message from your computer. Thank you.

DOH1533

ANGELINI, VINIAR & FREEDMAN, L.L.P.

Attorneys at Law

70 Euclid Street
Woodbury, NJ 08096

(856) 853-8500
FAX (856) 384-1230

Michael A. Angelini*
Carl B. Viniar*
Richard P. Freedman**
James P. Pierson
Jeffrey A. Daniels
Alicia D. Hoffmeyer*

*Members of
NJ & PA Bars

+ L.L.M. in Taxation

Cherry Hill Office:

413 Route 70 East
Cherry Hill, NJ 08034

(856) 429-0020
FAX (856) 429-0070

April 4, 2012

Patrick Bost, Compliance Officer
New Jersey Department of Labor and
Workforce Development
Division of Public Safety and Occupational Safety and Health
Office of Public Employees Occupational Safety and Health
P.O. Box 386
Trenton, NJ 08625-0386

**Re: My Client: Borough of Paulsboro
Notice of Order to Comply
Inspection Number: 316088327
Issuance Date: March 9, 2012
Inspection Site: Paulsboro Fire Department**

Dear Mr. Bost:

Please be advised that I serve as Borough Solicitor for the Borough of Paulsboro and I am writing in response to the Notice of Order to Comply and Request for Abatement, which you issued on March 9, 2012.

It is my understanding that the Paulsboro Fire Department has been working to correct the problems but the abatement may not be completed by the time listed in your Order which is April 15, 2012.

Therefore, on behalf of the Borough of Paulsboro and the Paulsboro Fire Department, I am requesting an extension of time for an additional thirty (30) days so that the matters can be corrected.

On today's date, I called you to discuss this but was told that you were on vacation and spoke to one of your colleagues, Michael Coyne, who suggested that I email him and separately write to you. If you would care to discuss this matter further, please feel free to contact me at your convenience.

DOH1534

Jack Bost, Compliance Officer
New Jersey Department of Labor and
Workforce Development
April 4, 2012
Page Two

Thank you for your kind courtesy and cooperation.

Very truly yours,

ANGELINI, VINIAR & FREEDMAN, LLP

By:

**** PII ****
Michael A. Angelini, Solicitor
Borough of Paulsboro

MAA:dls

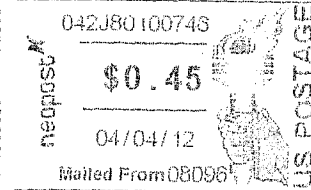
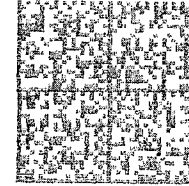
Cc: John Salvatore, Borough Administrator

ANGELINI, VINIAR & FREEDMAN, L.L.P.

Attorneys at Law

70 Euclid Street

Woodbury, NJ 08096



RECEIVED

2012 APR 12 AM 11:40

CENTRAL &
OCCUPATIONAL SAFETY SERVICE

Patrick Bost, Compliance Officer
New Jersey Department of ~~Labor and Workforce Development~~
Division of Public Safety and Occupational Safety and Health
Office of Public Employees Occupational Safety and Health
~~PO Box 360~~ *PO Box 360*
Trenton, NJ 08625-0386

Dept of Health

086250386 0001

DOH1536

Data Entry for Citations

Case # 316088327

Paulsboro Volunteer Fire Association

January 11 & 17, 2012

Patrick Bost, CSHO

Contact #2

Chief Mike Licciardello

856-****PII****

John
Contact #1 Joe Salvatore - 856-****PII****
Borough Administrator

Citation	Abatement Due Date	Comments (extension date)	Date Abated
Citation 1, Item 1s 29 CFR 1910.120(q)(6)(ii) Haz Mat Ops Training	4/15/2012		
Citation 1, Item 2s 29 CFR 1910.1030(h)(1)(ii)(B) Hep B Vaccination Records	4/15/2012		

called 3/30 @ 1:18pm spoke w/ Mr. Salvatore

called 5/9 @ 10AM -

1211 Delaware Street
Paulsboro, NJ 08066
Phone: 856-423-1500
Fax: 856-423-9117
jsalvalore@paulsboronj.org

Borough of Paulsboro

Fax

To: Mike Coyne From: John S. Salvatore, Administrator
Fax: 609-** PII ** Date: 04/13/12
Phone: Pages: 3
Re: Paulsboro FD CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

-Comments:

DOH1538

ANGELINI, VINIAR & FREEDMAN, L.L.P.

Attorneys at Law

70 Euclid Street
Woodbury, NJ 08096Michael A. Angelini*
Carl B. Viniar*
Richard P. Freedman*
James P. Pierson
Jeffrey A. Daniels
Alicia D. Hoffmeyer*(856) 853-8500
FAX (856) 384-1230

Cherry Hill Office:

413 Route 70 East
Cherry Hill, NJ 08034
(856) 429-0020
FAX (856) 429-0070*Members of
NJ & PA Bars

+ L.L.M. in Taxation

April 4, 2012

Patrick Bost, Compliance Officer
New Jersey Department of Labor and
Workforce Development
Division of Public Safety and Occupational Safety and Health
Office of Public Employees Occupational Safety and Health
P.O. Box 386
Trenton, NJ 08625-0386**Re: My Client: Borough of Paulsboro**
Notice of Order to Comply
Inspection Number: 316088327
Issuance Date: March 9, 2012
Inspection Site: Paulsboro Fire Department

Dear Mr. Bost:

Please be advised that I serve as Borough Solicitor for the Borough of Paulsboro and I am writing in response to the Notice of Order to Comply and Request for Abatement, which you issued on March 9, 2012.

It is my understanding that the Paulsboro Fire Department has been working to correct the problems but the abatement may not be completed by the time listed in your Order which is April 15, 2012.

Therefore, on behalf of the Borough of Paulsboro and the Paulsboro Fire Department, I am requesting an extension of time for an additional thirty (30) days so that the matters can be corrected.

On today's date, I called you to discuss this but was told that you were on vacation and spoke to one of your colleagues, Michael Coyne, who suggested that I email him and separately write to you. If you would care to discuss this matter further, please feel free to contact me at your convenience.

DOH1539


Patrick Bost, Compliance Officer
New Jersey Department of Labor and
Workforce Development
April 4, 2012
Page Two

Thank you for your kind courtesy and cooperation.

Very truly yours,

ANGELINI, VINIAR & FREEDMAN, LLP

By:

 ** PII **
Michael A. Angelini, Solicitor
Borough of Paulsboro

MAA:dls

Cc: John Salvatore, Borough Administrator

Message

Revak, James

to:

Patrick.Bos

**** PII ****

03/14/2012 08:46 AM

Show Details

History: This message has been replied to.

Pat,

Paulsboro Councilman, Gary Stephenson left a message yesterday for you to call him regarding the OTC issued to the fire department. He's been tasked with addressing the citations.

His number is 609-

**** PII ****

Thanks,

Jim

James G. Revak, Assistant Chief
NJ Department of Labor & Workforce Development
Public Employees Occupational Safety & Health
John Fitch Plaza
Trenton, NJ 08625-0386
(609) **** PII ****

gcstevan

**** PII ****

DOH1541



State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES
CONSUMER, ENVIRONMENTAL AND OCCUPATIONAL HEALTH SERVICE
PO BOX 369
TRENTON, N.J. 08625-0369

CHRIS CHRISTIE
Governor

www.nj.gov/health

KIM GUADAGNO
Lt. Governor

MARY E. O'DOWD, M.P.H.
Commissioner

MEMORANDUM

TO: Howard Black, Director
Division of Public Safety and Occupational Safety and Health
New Jersey Department of Labor and Workforce Development

FROM: Michael A. Coyne, MS *Mac*
Program Coordinator
Public Employees Occupational Safety and Health Program

SUBJECT: Violations of the PEOSH Act
Inspection # 316088327
Complaint # Programmed Inspection

DATE: March 2, 2012

I certify that the items on the attached Order to Comply are violations of N.J.S.A. 34:6A-25 et seq. In addition, a copy of the contact information for the complainant and/or employee representative is attached.

Attachments

Case # 316088327
Complaint #

Employee Representative

**** PII ****

Paulsboro Fire Association
651 Mantua Avenue
Paulsboro, NJ 08066

New Jersey Department of Labor and Workforce Development
Division of Public Safety and Occupational Safety and Health
Office of Public Employees Occupational Safety and Health
PO Box 386
Trenton, NJ 08625-0386
Phone: (609) 633-3896

NOTICE OF ORDER TO COMPLY

To: John Salvatore, Administrator
Borough of Paulsboro
1211 Delaware Street
Paulsboro, NJ 08066

Inspection Number: 316088327
Complaint Number: Programmed
Reason: Programmed
Inspection Dates: January 11 & 17, 2012
Issuance Date: March 9, 2012
Compliance Officer: Patrick Bost

Inspection Site: Paulsboro Fire Department
Paulsboro Volunteer Fire Association
1502 Swedesboro Road
Paulsboro, NJ 08066

The Violation(s) described in this Citation and Notification of Penalty is (are) alleged to have occurred on or about the day(s) the inspection was made unless otherwise indicated within the description below.

The enclosed Order to Comply describes violations of the Public Employees' Occupational Safety and Health Act. The violations referred to in this Order must be abated by the dates listed unless within 15 working days (excluding weekends and State holidays) from the issuance of this Order to Comply you mail a notice of intent to contest to the Department of Labor and Workforce Development at the address shown above. Please refer to the enclosed Public Employees' Occupational Safety and Health Act which outlines your rights and responsibilities and which should be read in conjunction with this form. The Order will become the Final Order if no notice of intent to contest is filed as provided for in the Act or, if contested, the Order is affirmed by the Review Commission or a court.

Posting - The law requires that a copy of this Notice and the Order to Comply be posted immediately in a prominent place at or near the location of each violation cited herein, or, if it is not practicable because of the nature of the employer's operations, where it will be readily observable by all affected employees. This Order must remain posted until each violation cited herein has been abated, or for 15 working days (excluding weekends and State holidays), whichever is longer.

Informal Conference - An informal conference is not required. However, if you wish to have such a conference you may request one with the Office of Public Employees' Occupational Safety and Health during the 15 working day contest period by contacting the office shown

DOH1544

above. During such an informal conference you may present any evidence or views which you believe would support an adjustment to the citation(s).

If you are considering a request for an informal conference to discuss any issues related to the Order to Comply, a written letter of intent to contest must be submitted to the Office of Public Employees' Occupational Safety and Health within 15 working days of issuance of the Order. The contest period is not interrupted by a request for an informal conference.

If you decide to request an informal conference, the Office of Public Employees' Occupational Safety and Health will schedule the conference, which will be conducted within 30 days of receipt of the request. Employees and/or employee representatives will be notified of their right to attend the conference. The Office of Public Employees' Occupational Safety and Health will arrange for representatives of the Department of Health and Senior Services to conduct conferences requested from Orders to Comply issued pursuant to a certification from the Commissioner of Health and Senior Services that an employer violation has been determined to exist within the Department of Health and Senior Services' jurisdiction under the Act.

Any and all supporting documentation of existing conditions as well as any abatement steps taken thus far must be brought to the conference. If conditions warrant, an informal settlement agreement, which amicably resolves this matter without litigation or contest may be entered into.

Right to Contest - You have the right to contest this Order to Comply. You may contest all citation items or only individual items. You may also contest abatement dates without contesting the underlying violations. **Unless you inform the Office of Public Employees' Occupational Safety and Health in writing that you intend to contest the citation(s) and/or abatement dates within 15 working days of the issuance of this Order to Comply, then this Order to Comply shall become a final order.**

Penalties - The Act provides that if the time for compliance with an order of the Commissioner elapses, and the employer has not made a good faith effort to comply, the Commissioner shall impose a civil administrative penalty of up to \$7,000 per day for each violation of a provision of N.J.S.A. 34:6A-25 et seq., or of a standard or regulation promulgated under that act, or of an order to comply. Any employer who willfully or repeatedly violates the requirements of this section or any standard, rule, order or regulation promulgated under that act shall be assessed a civil administrative penalty of up to \$70,000 for each violation. Penalties imposed under this section may be recovered with costs in a civil action commenced by the Commissioner by a summary proceeding under "the penalty enforcement law" (N.J.S.A. 2A:58-1 et seq.) in the Superior Court or a municipal court, either of which shall have jurisdiction to enforce "the penalty enforcement law" in connection with this act. If the violation is of a continuing nature, each day during which it continues after the date given for compliance in accordance with the order of the Commissioner shall constitute an additional separate and distinct offense. If this penalty remains unpaid for more than 30 days, this order shall be recorded on the Judgement docket of the Superior Court.

Penalties will be based upon factors such as gravity of the violation, the probability that an injury or illness would result from the hazard, the good faith efforts of the employer to comply, the presence of meaningful safety and health programs and the history of previous violations.

Request to Delay Issuance of Penalty Order to Comply - When an employer submits a request to delay the issuance of an Order to Comply establishing penalties, the employer shall

submit such written request 10 calendar days prior to the abatement date(s) established in the original Order to Comply.

Notification of Corrective Action - For each violation which you do not contest, you are required by 29 CFR 1903.19 to submit an Abatement Certification to the New Jersey Department of Health and Senior Services, PEOSH Program. This certification must be sent by you prior to the abatement date indicated on the citation. For **Willful** and **Repeat** violations, documents (example: photos, copies of receipts, training records, etc.) demonstrating that abatement is complete must accompany the certification. Where the citation is classified as **Serious** and the citation states that abatement documentation is required, documents such as those described above are required to be submitted along with the abatement certificate. If the citation indicates that the violation was corrected during the inspection, no abatement certification is required for that item.

Employer Discrimination Unlawful - The law prohibits discrimination by an employer against an employee for filing a complaint or for exercising any rights under this Act. An employee who believes that he/she has been discriminated against may file a complaint, no later than 180 days after the employee first had knowledge that such discrimination occurred, with the Office of Public Employees' Occupational Safety and Health at the address shown above.

Employer Rights and Responsibilities - The enclosed copy of the Public Employees' Occupational Safety and Health Act outlines additional employer rights and responsibilities and should be read in conjunction with this notification.

Notice to Employees - The law gives an employee or an employee representative the opportunity to object to any abatement date set for a violation if he/she believes the date to be unreasonable. The contest must be mailed to the Office of Public Employees' Occupational Safety and Health at the address shown above and postmarked within 15 working days (excluding weekends and State holidays) of the issuance of this Order to Comply.

Howard Black, Director
Division of Public Safety and Occupational Safety and Health

BY: 
BY: 

For: John Patterson, Chief
Office of Public Employees Occupational Safety and Health

DOH1546

To: John Salvatore, Administrator
Borough of Paulsboro
1211 Delaware Street
Paulsboro, NJ 08066

Inspection Number: 316088327
Reason: Programmed
Inspection Dates: January 11 & 17, 2012
Issuance Date: March 9, 2012
Compliance Officer: Patrick Bost

Inspection Site: Paulsboro Fire Department
Paulsboro Volunteer Fire Association
1502 Swedesboro Road
Paulsboro, NJ 08066

Citation 1 Item 1s Type of Violation: **Serious**

29 CFR 1910.120(q)(6)(ii): Employees did not receive training based on the duties and functions to be performed by each employee during a hazardous materials operation.

LOC: Facility Wide

Employees did not receive first responder operations training or demonstrate competency annually.

Date By Which Violation Must be Abated:	4/15/2012
PER DIEM PENALTIES BEGINNING ON 4/16/2012	\$2380.00

Citation 1 Item 2s Type of Violation: **Serious**

29 CFR 1910.1030(h)(1)(ii)(B): The medical record for an employee with occupational exposure did not include a copy of the employee's hepatitis B vaccination status, including the dates of all the hepatitis B vaccinations or any medical records relative to the employee's ability to receive vaccination as required by 29 CFR 1910.1030(f)(2).

LOC: Facility Wide

Hepatitis B vaccination records were not available for Firefighters who are occupationally exposed to bloodborne pathogens.

Date By Which Violation Must be Abated:	4/15/2012
PER DIEM PENALTIES BEGINNING ON 4/16/2012	\$2380.00

To: John Salvatore, Administrator
Borough of Paulsboro
1211 Delaware Street
Paulsboro, NJ 08066

Inspection Number: 316088327
Reason: Programmed
Inspection Dates: January 11 & 17, 2012
Issuance Date: March 9, 2012
Compliance Officer: Patrick Bost

Inspection Site: Paulsboro Fire Department
Paulsboro Volunteer Fire Association
1502 Swedesboro Road
Paulsboro, NJ 08066

Signed on March 9, 2012 pursuant to the authority
vested by law in the New Jersey Department of Labor and Workforce Development.

Howard Black, Director
Division of Public Safety and Occupational Safety and Health

BY: _____

**** P I I ****

For: John Patterson, Chief
Office of Public Employees Occupational Safety and Health

DISCRIMINATORY ACTS AGAINST EMPLOYEES ARE UNLAWFUL – N.J.S.A. 34:6A-45 – No person shall discharge, or otherwise discipline, or in any manner discriminate against any employee because such employee has filed any complaint or instituted or caused to be instituted any proceeding under or related to this section. Any employee who believes that he has been discharged, disciplined, or otherwise discriminated against by any person in violation of this section, may within 180 days after the employee first has knowledge such violation did occur, file a complaint with the Commissioner of Labor and Workforce Development alleging that discrimination.

c: Employee Representative

To: John Salvatore, Administrator
Borough of Paulsboro
1211 Delaware Street
Paulsboro, NJ 08066

Inspection Number: 316088327
Reason: Programmed
Inspection Dates: January 11 & 17, 2012
Issuance Date: March 9, 2012
Compliance Officer: Patrick Bost

Inspection Site: Paulsboro Fire Department
Paulsboro Volunteer Fire Association
1502 Swedesboro Road
Paulsboro, NJ 08066

EMPLOYER REQUIREMENTS FOR ABATEMENT VERIFICATION

Employers must provide the following information to verify abatement of PEOSH citations:

1. A statement noting whether or not correction has been accomplished for each citation item and instance identified on the Citation.
2. A description of the measures taken to accomplish correction; and
3. The date the correction was made.

A blank Abatement Verification Letter is enclosed for your use in meeting this requirement. Supporting documentation e.g., drawings/photographs, purchase/work orders, air sampling results, or any other related information may be included to assist us in verifying abatement. If additional space is needed, you may attach a continuation sheet or include a more detailed letter.

If abatement cannot be accomplished by the date identified on the citation, please call the Compliance Officer (listed above right) at (609) **PTI** 10 calendar days before the abatement date for appropriate procedures to modify the abatement date(s).

Inspection Number: 316088327
Reason: Programmed
Inspection Dates: January 11 & 17, 2012
Issuance Date: March 9, 2012
Compliance Officer: Patrick Bost

TO: Michael Coyne, Program Coordinator
PEOSH Program
NJ Dept. of Health & Senior Services
P.O. Box 369
Trenton, NJ 08625-0369

Listed below is the corrective action taken and date corrected for each citation by item and instance number.

[illegible]

Inspection Number: 316088327
Reason: Programmed
Inspection Dates: January 11 & 17, 2012
Issuance Date: March 9, 2012
Compliance Officer: Patrick Bost

Inspection Site: Paulsboro Fire Department
Paulsboro Volunteer Fire Association
1502 Swedesboro Road
Paulsboro, NJ 08066

Date: _____

Fire Station Inspection Checklist

Date: 1/17/12

PEOSH Case#: 216088327

GENERAL INFORMATION

1. Department Name: Paulsboro Fire Dept

(Street)

(City)

(State)

(Zip)

(Telephone #)

2. Type of Department: Municipal Paid ☒ Volunteer Combined

 Fire District (Name)

Employer Name:

(Street)

(City)

(State)

(Zip)

(Telephone #)

3. Name of Paid Chief:

Name of Volunteer Chief: Maria Lillo

4. Name of Union: NIA Local #:

Union Representative: Telephone #:

(Street)

(City)

(State)

(Zip)

(Telephone #)

5. Give the total number for the following:

2 Fire Stations

 Engine Companies

 Truck Companies

5 Pieces of Firefighting Apparatus

 Paid Personnel

25 Volunteer Personnel

4 pumps / 1 light
2 pumps in area

DOI 1552011

10 day 2012

MEDICAL EVALUATION - 29 CFR 1910.134(e)

☛ REQUEST COPY OF THE ROSTER OF FIREFIGHTERS

☛ REQUEST COPY OF THE PLHCP MEDICAL DETERMINATION FOR FIREFIGHTERS

1. Have all firefighters required to wear SCBA had a medical evaluation? (Yes/No) (29 CFR 1910.134(e)(1))
2. Ask firefighters if they have been provided with a confidential evaluation to determine their ability to wear a respirator.

Using the questionnaire (Yes/No)

Medical Evaluation (Yes/No)

Did firefighter receive a copy of the determination (29 CFR 1910.134)? (Yes/No)

3. Who is the PLHCP?

Name: Rueckert Medical
Parkside
(Street)
(City) (State) (Zip) (Telephone #)

4. Was the PLHCP provided the following information - 29 CFR 1910.134(e)(5)?

(e)(5)(i)(A) the type and weight of the respirator used (Yes/No)
(e)(5)(i)(B) the duration and frequency of respiratory use (Yes/No)
(e)(5)(i)(C) the expected physical work effort (Yes/No)
(e)(5)(i)(D) additional protective equipment (Yes/No)

FIT TESTING - 29 CFR 1910.134(f)

☛ GET A COPY OF THE CURRENT FIT-TEST RECORDS

1. Have all firefighters required to wear SCBA passed a fit test within the last 12 months? (29 CFR 1910.134(f)(2)) (Yes/No)
List names on back of those who have not passed test (unless there are no records)

2. Review Fit-Testing Records - 29 CFR 1910.134(m)(2)(i) - Does the Record Include?

a. Name of ee tested (m)(2)(i)(a) (Yes/No)
b. Type of fit test performed (m)(2)(i)(B) (Yes/No)
c. Specific make and model of face piece tested (m)(2)(i)(C) (Yes/No)
d. Date of test (m)(2)(i)(D) (Yes/No)
e. Pass or fail (m)(2)(i)(E) (Yes/No)

3. Is the fit test protocol used the same as one found in Appendix A? (Yes/No) (29 CFR 1910.134(f)(5))

4. Which fit test protocol are they using? Porter Cant

5. Are SCBA being fit test in negative pressure mode? (29 CFR 1910.134(f)(8)(i)) (Yes/No)

7. Are SCBA's alarmed at 20-25% of rated time? (FIVE MINUTES)
(12:100-10.10(c)(2)) (Yes/No)

8. Are there buddy breathing devices? (Yes/No)

If so, are they part of the original design of the respirator? (Yes/No)

NOTE: If the device is not part of the original design then the NIOSH certification has been voided. This would be a violation of 12:100-10.10(c)(2).

9. Do SCBA's purchased after January 4, 1993 comply with NFPA 1981-1987?
(12:100-10.10(c)(1)) (Yes/No)

VISUALLY INSPECT SCBA BOTTLES

(minimum 2000 psi on a 2216 psi bottle or 4000 psi on a 4500 psi bottle)

10. Are all gauges on cylinders at least 90% full? (29 CFR 1910.134(h)(3)(iii)) (Yes/No)

11. Are bottles free from deep scratches or cuts? (29 CFR 1910.134(h)(3)(ii)) (Yes/No)

12. Are all hydrotest dates current? (29 CFR 1910.134(i)(4)(i)) (Yes/No)

13. Are bottles hydrotested as per 49 CFR 178 (29 CFR 1910.134(i)(4)(i)) (Yes/No)

(Steel or Al - 5 years hydrotest date is stamped on the top of the bottle)

(Composite - 3 years hydrotest date is stamped on the neck below the valve or marked on the side label)

NOTE: Composite bottles more than 15 years old cannot be used

CHECK DOCUMENTATION

Cylinder Number	Hydro Date

VISUALLY INSPECT SCBA FACE MASKS AND HOSES

14. Are face pieces clean? (29 CFR 1910.134(h)(ii)) (Yes/No)

15. Are all straps free from fray or other obvious damage? (29 CFR 1910.134(h)(ii)) (Yes/No)

16. Is the number on the face piece flexible with no cracks or deformities?
(29 CFR 1910.134(h)(ii)) (Yes/No)

17. Are inhalation/exhalation valves in good condition? (29 CFR 1910.134(h)(ii)) (Yes/No)

18. Are all SCBA's inspected monthly or after use? (29 CFR 1910.134(h)(iii)) (Yes/No)

CHECK AND OBTAIN CURRENT SCBA INSPECTION RECORDS

City, State, Zip: _____

☛ **IF THIS FIRE DEPARTMENT FILLS BOTTLES IN-HOUSE,
VISUALLY CHECK CASCADE SYSTEM OR AIR COMPRESSOR**

Compressors - 29 CFR 1910.134(i)(5)

1. Is the compressor of breathing air type? ☒ (Yes) ☐ (No)
2. Is the compressor designed and constructed so exhaust does not re-enter the system? ☒ (Yes) ☐ (No)
3. Does the compressor have in-line air purifying devices? ☒ (Yes) ☐ (No)
4. Is the compressor oil lubricated? ☒ (Yes) ☐ (No)
5. Does it have a high temp or CO alarm or both? (Circle one only)
High Temp CO ☒ Both
6. If only a high temperature alarm is present, is the air periodically checked to ensure that CO concentration is less than 10 ppm? (Yes/No)

☛ **REQUEST TO SEE COMPRESSOR LOG**

☛ **CHECK FOR ANALYSIS OF BREATHING AIR AND DATE**

7. Are personnel who fill cylinders trained 12:100-14(a)? ☒ (Yes) ☐ (No)

☛ **IF PERSONNEL HAVE BEEN TRAINED TO FILL CYLINDERS, REQUEST TRAINING RECORDS**

8. Does training include instruction on:

- a. Hazards/precautions ☒ (Yes) ☐ (No)
- b. Pre-fill examination ☒ (Yes) ☐ (No)
 - check hydro test date
 - check cylinder for external damage
 - check cylinder valve & pressure relief device
 - check neck ring (when applicable)
- c. Pressure - Temperature filling ☒ (Yes) ☐ (No)
- d. Final leak check ☒ (Yes) ☐ (No)

9. Is the charging station equipped with facilities to ensure safety, 12:100.14(b)? ☒ (Yes) ☐ (No)
10. Does the fill station have a fragmentation shield? ☒ (Yes) ☐ (No)
11. Does the fill station have a facility to prevent overfilling of the SCBA bottle? ☒ (Yes) ☐ (No)



State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES
CONSUMER, ENVIRONMENTAL AND OCCUPATIONAL HEALTH SERVICE

PO BOX 369
TRENTON, N.J. 08625-0369

CHRIS CHRISTIE
Governor

www.nj.gov/health

KIM GUADAGNO
Lt. Governor

MARY E. O'DOWD, M.P.H.
Commissioner

TO: John Patterson, Chief
Office of Public Safety and Occupational Safety and Health
New Jersey Department of Labor and Workforce Development

FROM: Michael Coyne, Program Coordinator *mc*
Public Employees Occupational Safety and Health Program

SUBJECT: Referral, Paulsboro Fire Department

DATE: March 1, 2012

Attached is a referral regarding an anonymous complaint of potential safety violations at the Paulsboro Fire Department.

State of New Jersey
PUBLIC EMPLOYEES
OCCUPATIONAL SAFETY AND HEALTH

REFERRAL

STATE USE ONLY	
Complaint No.	Date Rec'd
Date Closed	Investigator Code
Completed By [] Complainant [] Department	

1. Name of the Employer Borough of Paulsboro	2. Telephone Number (856) 423-1500
3. Street Address (Mailing) 1211 Delaware Street	
4. City, State, Zip Code Paulsboro, NJ 08066	5. County Gloucester
6. Type (Check One) <input type="checkbox"/> State Agency <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipality <input type="checkbox"/> School Board <input type="checkbox"/> Utility Authority <input type="checkbox"/> Other (specify):	
7. Hazard Location/Name of Building (Specify building and exact location where alleged violation exists. Use separate form for each building.) Paulsboro Fire Department	8. Floor and Room Number
9. Street Address (Site) 1502 Swedesboro Avenue	
10. City State, Zip Code Paulsboro, NJ 08066	11. County Gloucester
12. Name of Person(s) in Charge Chief Mike Liccaddello	13. Telephone Number (609) PTI
14. Complaint Description: Complaint referral: attached is an unsigned complaint regarding possible safety violations at the Paulsboro Fire Department. A DHSS PEOSH programmed health inspection was performed in response to this complaint on 1/17/12. Although no apparent safety issues were observed, the issue regarding use of an SCBA by an untrained firefighter was valid. CHSO Bost advised the Chief and Business Administrator that an anonymous complaint was filed, and that it listed the Paulsboro Public Safety Committee as a cc. They were unaware of the complaint. The Chief and BA were not given a copy or permitted to view the complaint, and were informed the PEOSH anti-discrimination policy.	
15. Approximate Number of Employees in Area 30	a. Are there employees who believe they have health problems related to the complaint? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b. Number of employees experiencing symptoms:
16. Type of work done in the area (i.e., clerical, maintenance, firefighter) Volunteer Fire Department	
17. Materials handled (chemicals, cleaning compounds, etc.)	
18a. To your knowledge, has there been a previous inspection related to the complaint? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	b. If Yes, by whom? DHSS PEOSH
c. Date Inspected January 17, 2012	d. Outcome of Inspection Citations pending

DOH1557

PUBLIC EMPLOYEES
OCCUPATIONAL SAFETY AND HEALTH
REFERRAL
(Continued)

STATE USE ONLY
Complaint No.

<p>19. To your knowledge, has this complaint been the subject of any union/management grievance or have you (or anyone you know) otherwise called it to the attention of, or discussed it with, the employer or any representative thereof?</p> <p><input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes, give the results thereof, including any efforts by management to correct the violation:</p> <p>See complaint discription</p>	
<p>20. Name of Union</p> <p>No Union</p>	<p>21. Local Number</p>
<p>22. Name of Employee Representative</p> <p>** PII **</p>	<p>23. Telephone Number</p> <p>(856) ** PII **</p>
<p>24. Title</p> <p>** PII **</p>	

<p>25. Referred By (Print or Type)</p> <p>Patrick Bost</p>	<p>26. Signature ** PII **</p>	<p>27. Date</p> <p>March 1, 2012</p>
<p>28. Street Address</p> <p>NJDHSS PEOSH Project, PO Box 369</p>		
<p>29. City, State, Zip</p> <p>Trenton, NJ 08625-0369</p>		<p>30. County</p> <p>Mercer</p>
<p>31. Telephone Number</p> <p>(609) ** PII **</p>	<p>32. Best Time to Contact</p> <p>9-5</p>	

DOH1558

November 28, 2011

To Whom It May Concern,

I have stood back and watched in horror for way to long and before someone gets really hurt I am forwarding this to you as I have a number of concerns for the safety of the firefighter members of the Paulsboro Fire Department

There are young fire fighters who have had no Firefighter I training and are permitted to wear air packs and fight fires. Attached picture number 1 & 2 shows one of those fire fighters with a pack on, but has not been SCBA certified. Individuals entering hot zones with no SCBA protection (Attached picture 3). Officers who should be leading by example enter hot zones with no SCBA protection (Attached picture 4).

In many instances Chief Officers are found to be wearing little to no gear while at incidents. (Attached pictures 5, 6 and 7). The captain and one of the chief officers just obtained their ICS 300 and 400 in 2011. The Chief Officer had been chief many years back and has held other officer positions in the not too distant past that should have required those courses to be completed prior to 2011.

Medical - There is one fire fighter who was exposed to blood borne pathogens during a drill in 2010 and has been told that the incident will be documented, however this matter is still unresolved. There appears to be no written Exposure Control Plan nor anyone assigned the duties of Exposure Control Officer. Required physicals for department personnel have not been done for almost 2 years. One fire fighter was taken to the hospital from the scene of a fire for a diabetic emergency earlier this year and department documentation on that incident was in all probability never completed.

There are many equipment issues, portable radios on the trucks that do not work, truck maintenance that is little to none, poor tire conditions on trucks, CO meters that don't work when needed, and other equipment in desperate need of attention. Also when new equipment is brought in to service there is no training given to familiarize users with this equipment. Example: new gear with GEMTOR bailout Harnesses are being purchased, however the department has had no bail out training.

There are many more pictures of incidents such as those noted that can be found on the Paulsboro Fire Department website. www.paulsborofire.com

Cc:

Paulsboro Public Safety Committee
N.J. Division of Fire Safety
PEOSH

DOH1559

Paulstaco FA

Rec'd Prot ✓

Hzr Cam / Rty ✓

Hzr mat ✓

BEP ✓

Injury + Illness 300 —

2006 - All fire object consolidated

Still have association meetings \$59k saved budget

Hzr mat

March 2011 - Awareness training done by Robert Hall 4 marks

Comprehensive - ops training included?

BEP

Last training Feb 22, 2011 - OK

EIA - In Parker Book - OK

Hzr B Shout

Involved in ~~extinction~~

PPE - T-shirt given, white w/ shirt, gloves on rescue team

Hzr Communication

Janet - association member does housekeeping - every Wednesday

Training done Feb 22, 2011 by Bob Hall - Chamber Fire Dept

Need

NSRW * for Rty ✓

300 AS ✓

Violations

Hzr mat OPE training

Last vaccinations 2003

Incident w/ ****PII****

New Members

- NO 1 RLT / Refinery before

- ****PII**** had work on w/o FFI certification May/June 2011

verbal correction from Airt to officer

****PII**** had SCA training from other JCS + FFI

Risingport Fire Co

1110 - 1130

45 434 Risingport Rd.

300A - Requested at main hall

1137

1/11/12

Paulineco FA

856 - **PII**

Cory - Dep/Asst Chief

(with - Fire Department)

1:45 Arrive Garage - empty

2:05 Space to Administrator

2:37 Arrive at to lunch - waited at entrance

2:37 Space to clerk + administrator - no fire officers available

3:01 Arrive Rungspost Fire Dept - empty

Inspection Report

Wed May 23, 2012 9:25am

Rpt ID	Assignment Nr.	CSHO ID	Supervisor ID	Inspection Nr.	Opt. Insp. Nr.
0253410	0	W2254	Y8812	316088327	

Establishment Name		Paulsboro Fire Department			
Site Address	1500 Swedesboro Avenue Paulsboro, NJ 08066	Site Phone	(856) 423-2121	Site FAX	
Mailing Address	1500 Swedesboro Avenue Paulsboro, NJ 08066	Mail Phone	(856) 423-2121	Mail FAX	
Controlling Corp		Employer ID			
Ownership	B. Local Government	City	2520	County	015
Legal Entity		Previous Activity (State Only)			

Related Activity					
Type	Number	Satisfied	Type	Number	Satisfied

Employed in Establishment	15	Advance Notice?	No	Category	H. Health
Covered By Inspection	15	Union?	Yes	Primary SIC	9224
Controlled By Employer	15	Walkaround?	Yes	Secondary SIC	
		Interviewed?	Yes	Inspected	

Inspection Type	H. Programmed Planned	Reason No Inspection	
Scope of Inspection	A. Comprehensive Inspection		
Classification			
Strategic Initiatives			
National Emphasis			
Local Emphasis			

Anticipatory Warrant Served?	No	Denial Date	Date ReEntered	Date ReDenied	ReEntered
Anticipatory Subpoena Served?	No				

Entry	01/11/12	First Closing Conference	01/17/12
Opening Conference	01/17/12	Second Closing Conference	
Walkaround	01/17/12	Exit	01/17/12
Days On Site	1	Case Closed	05/23/12
		No Citations Issued	

Type	ID	Optional Information

CSHO Signature		Date	
----------------	--	------	--

Inspection Report

Mon Jan 23, 2012 10:36am

Rpt ID	Assignment Nr.	CSHO ID	Supervisor ID	Inspection Nr.	Opt. Insp. Nr.
0253410	0	W2254	Y8812	316088327	

Establishment Name		Paulsboro Fire Department			
Site Address	1500 Swedesboro Avenue Paulsboro, NJ 08066	Site Phone	(856) 423-2121	Site FAX	
Mailing Address	1500 Swedesboro Avenue Paulsboro, NJ 08066	Mail Phone	(856) 423-2121	Mail FAX	
Controlling Corp		Employer ID			
Ownership	B. Local Government	City	2520	County	015
Legal Entity		Previous Activity (State Only)			

Related Activity					
Type	Number	Satisfied	Type	Number	Satisfied

Employed in Establishment	15	Advance Notice?	No	Category	H. Health
Covered By Inspection	15	Union?	Yes	Primary SIC	9224
Controlled By Employer	15	Walkaround?	Yes	Secondary SIC	
		Interviewed?	Yes	Inspected	

Inspection Type	H. Programmed Planned	Reason No Inspection	
Scope of Inspection	A. Comprehensive Inspection		
Classification			
Strategic Initiatives			
National Emphasis			
Local Emphasis			

Anticipatory Warrant Served?	No	Denial Date	Date ReEntered	Date ReDenied	ReEntered
Anticipatory Subpoena Served?	No				

Entry	01/11/12	First Closing Conference	01/17/12
Opening Conference	01/17/12	Second Closing Conference	
Walkaround	01/17/12	Exit	01/17/12
Days On Site	1	Case Closed	
		No Citations Issued	

Type	ID	Optional Information

CSHO Signature		Date	
----------------	--	------	--

NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES
PUBLIC EMPLOYEES OCCUPATIONAL SAFETY AND HEALTH PROGRAM

NARRATIVE FORM

Paulsboro Volunteer Fire Department
316088327

12/20/11: Case received by PEOSH as an unsigned anonymous complaint. The case was later reclassified as a general programmed and assigned to me (P. Bost).

1/11/12: Conducted an unannounced visit to the Paulsboro Volunteer Fire Assoc., no one was present. Went to the municipal hall and met with business administrator and clerk, who attempted to contact the fire chief. During the visit I found out that the Paulsboro Fire Dept has two companies, the second is the Billingsport Fire Assoc. Visited the Billingsport Fire station, no one present. Returned to office.

1/13/12: Spoke with Chief Liccardello and arranged an inspection date.

1/17/12: Inspection. Met with Chief Liccardello at the Paulsboro fire station. The chief explained that the two fire companies had been consolidated into the Paulsboro station; the Billingsport station is out of service although equipment is still stored there. I stated that I would visit the Billingsport station to confirm this. Inspection of the Paulsboro Fire Station:

Respiratory Protection- Respiratory protection program, fit testing, training (FF1) satisfactory. Equipment inspection found all SCBAs functioning with current hydrotests. Compressor grade E certification current (done quarterly). No violations noted.

Haz Mat- Haz mat training awareness training done by Robert Hill, with overlap into operations level. Possible need to upgrade to full operations training.

BBP- FF's included due to extrication duties. ECP reviewed and satisfactory. Hep B shot records unavailable, last recorded offering documented in 2003 (violation). PPE OK.

Haz Com- Housekeeping done by members. Haz com / RTK training conducted by Robert Hill. MSDSs and chem inventory available and satisfactory.

300A summary sheets- Kept at municipal hall and was not immediately available, was later faxed to me. Satisfactory.

Billingsport Fire Station

Conducted an inspection of the Billingsport Fire Station. The station personnel have been transferred to the Paulsboro station. Older apparatus and equipment is stored there, and the station is still used for social purposes. No apparatus have been used in over six months. Observed older SCBAs on the apparatus, the chief stated that they were out of service. I asked the Chief to remove them from the trucks and mark them out of service to prevent accidental use.

Note:
The anonymous complaint stated that untrained firefighters were using SCBA at fire calls. I inquired about this and was told of an incident in May/June 2011 where a partly-trained firefighter was ordered by an officer to don a pack at a fire. The firefighter, ****PII**** was present and interviewed during the inspection. He stated that he had not completed FF1 training due to his travelling for work. He stated that he had taken the SCBA part of the training, and it was noted that he had SCBA training as part of his environmental remediation work. The chief stated that the order was given in error as Mr. ****PII**** did not have enough training to don a pack and do interior firefighting. The Chief was warned that this is a potential violation; however a citation was not issued due to the expiration of the six-month statute of limitations.

**NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES
PUBLIC EMPLOYEES OCCUPATIONAL SAFETY AND HEALTH PROGRAM**

**INSPECTION REPORT (INITIAL)
OSHA 1**

1. Inspection Number: <u>316088327</u>		1a. Complaint Type (i.e., IAQ-HVAC, Noise): <u>Programmed</u>	
2a. CSHO ID: (Circle) C4835 I5581 <u>W2254</u> Y8812 Y0622 X7315 H3195			
5. Related Activity Type Number:			
(A) Accident No.		(C) Complaint No.	
(R) Referral No.			
8. Establishment Name: <u>Paulsboro Fire Dept - Paulsboro Volunteer Fire Assoc</u>			
8a. Site Street:		8a. Mail Street:	
Attention: <u>Chief Mike Liccardello</u>		Attention: _____	
Facility: <u>Paulsboro Fire Assoc</u>		Facility: <u>Same</u>	
Address: <u>1502 Swedesboro Ave</u>		Address: _____	
City: <u>Paulsboro</u> State: <u>NJ</u> Zip: <u>08066</u>		City: _____ State: _____ Zip: _____	
Phone: <u>856-*** PII ***</u> Fax: _____		Phone: _____ Fax: _____	
Ownership: (check one only) <input checked="" type="checkbox"/> (B) Local Government <input type="checkbox"/> (C) State Government			
19b. Entry Date: <u>1 / 11 / 12</u>		19d. Opening Conference Date: <u>1 / 17 / 12</u>	
19f. Walkaround Date: <u>1 / 17 / 12</u>			
19h. Closing Conference 1 Date: <u>1 / 17 / 12</u>		19j. Closing Conference 2 Date: <u>1 / 1</u>	
19l. Exit Date: <u>1 / 17 / 12</u>			
26. Employed in Establishment: <u>30</u>		27. Covered by Inspection: <u>30</u>	
28. Controlled by Employer: <u>30</u>			
29. Union?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		35. Scope of Inspection: (Circle One Only) <u>(A) Comprehensive</u> (B) Partial (D) No Inspection	
44. Additional Citation Mailings?		45. Union Information?	
Attention: <u>*** PII ***</u>		Attention: <u>None</u>	
Organization Name: <u>Reserve of Paulsboro</u>		Union/Local: _____	
Address: <u>1211 Delaware St</u>		Address: _____	
City: <u>Paulsboro</u> State: <u>NJ</u> Zip: <u>08066</u>		City: _____ State: _____ Zip: _____	
Phone: <u>856-*** PII ***</u> Ext: _____		Phone: _____ Ext: _____	
47. Employer Representative		47. Employer Representative (additional)	
Name: <u>Mike Liccardello</u>		Name: _____	
Title: <u>Chief</u>		Title: _____	
Function: <input checked="" type="checkbox"/> (I) Credentials Presented <input checked="" type="checkbox"/> (C) Closing Conference <input type="checkbox"/> (O) Opening Conference <input type="checkbox"/> (M) Other Mgmt. Official		Function: <input type="checkbox"/> (I) Credentials Presented <input type="checkbox"/> (C) Closing Conference <input type="checkbox"/> (O) Opening Conference <input type="checkbox"/> (M) Other Mgmt. Official	
Walkaround?: <input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No		Walkaround?: <input type="checkbox"/> Yes or <input type="checkbox"/> No	

<p>48. Other Persons Contacted</p> <p>Name: <u>** PII **</u></p> <p>Occupation: <u>Firefighter</u></p> <p>Address: <u>** PII **</u></p> <p>City: <u>Paterson</u> State: <u>NJ</u> Zip: <u>08066</u></p> <p>Phone: <u>856-<u>** PII **</u></u> Ext: <u> </u></p>	<p>48. Other Persons Contacted (additional)</p> <p>Name: <u> </u></p> <p>Occupation: <u> </u></p> <p>Address: <u> </u></p> <p>City: <u> </u> State: <u> </u> Zip: <u> </u></p> <p>Phone: <u> </u> Ext: <u> </u></p>
<p>48. Other Persons Contacted (additional)</p> <p>Name: <u>** PII **</u></p> <p>Occupation: <u>** PII **</u></p> <p>Address: <u>** PII **</u></p> <p>City: <u>Paterson</u> State: <u>NJ</u> Zip: <u>08066</u></p> <p>Phone: <u>856-<u>** PII **</u></u> Ext: <u> </u></p>	<p>48. Other Persons Contacted (additional)</p> <p>Name: <u> </u></p> <p>Occupation: <u> </u></p> <p>Address: <u> </u></p> <p>City: <u> </u> State: <u> </u> Zip: <u> </u></p> <p>Phone: <u> </u> Ext: <u> </u></p>
<p>48. Other Persons Contacted (additional)</p> <p>Name: <u> </u></p> <p>Occupation: <u> </u></p> <p>Address: <u> </u></p> <p>City: <u> </u> State: <u> </u> Zip: <u> </u></p> <p>Phone: <u> </u> Ext: <u> </u></p>	<p>48. Other Persons Contacted (additional)</p> <p>Name: <u> </u></p> <p>Occupation: <u> </u></p> <p>Address: <u> </u></p> <p>City: <u> </u> State: <u> </u> Zip: <u> </u></p> <p>Phone: <u> </u> Ext: <u> </u></p>
<p>48. Other Persons Contacted (additional)</p> <p>Name: <u> </u></p> <p>Occupation: <u> </u></p> <p>Address: <u> </u></p> <p>City: <u> </u> State: <u> </u> Zip: <u> </u></p> <p>Phone: <u> </u> Ext: <u> </u></p>	<p>48. Other Persons Contacted (additional)</p> <p>Name: <u> </u></p> <p>Occupation: <u> </u></p> <p>Address: <u> </u></p> <p>City: <u> </u> State: <u> </u> Zip: <u> </u></p> <p>Phone: <u> </u> Ext: <u> </u></p>

NARRATIVE REPORT
OSHA 1A

Inspection Number: 816088327

CSHO ID: W2254

COVERAGE INFORMATION

NATURE AND SCOPE

Check Applicable Boxes and Explain Findings:

- ☒ Complaint Items ☒ LEP
☐ Referral Items ☐ Planned Inspection
☐ Accident Investigation Summary & Findings

NATURE AND SCOPE

UNUSUAL CIRCUMSTANCES (Mark X and Explain)

- ☐ None ☐ Denial of Entry
☐ Strike ☐ Trade Secrets
☐ Jurisdictional Issues
☐ Delays in conducting the inspection
☐ Other

COMMENTS:

OPENING CONFERENCE NOTES

RECORDKEEPING -- Mark X as appropriate

Copy of 300 Log (Must Have 1B Summary Section) ☒ Yes ☐ No

Supplementary Health: ☒ Yes ☐ No Specify:

Poster: ☒ Yes ☐ No Location of Poster:

COMMENTS:

WALKAROUND OBSERVATIONS/UNUSUAL OCCURRENCES

OSHA EXPOSURE MONITORING -- Mark X as appropriate

Performed? ☐ Yes ☒ No Sampled For?:

Full Shift/Screening: ☐ Yes ☐ No Significant Delays? ☐ Yes ☐ No

If yes, explain:

EMPLOYER'S OCCUPATIONAL HEALTH PROGRAM/MONITORING PROGRAM - Mark X as Appropriate

Is any sampling being performed? ☐ Yes ☒ No

If yes, Describe: By Whom Method Frequency

1. Were overexposures documented by the employer? ☐ Yes ☐ No

2. Were results obtained by CSHO? ☐ Yes ☐ No

COMPLIANCE PROGRAMS - (engineering controls, PPE, regulated areas, compliance plans, emergency procedures, etc.)

Address any relevant compliance efforts regarding potential health hazards covered by the scope of this inspection.

MEDICAL SURVEILLANCE PROGRAM	YES	NO
Does the employer have a medical program?		✓
Are any programs required by OSHA Health Standards?		✓
Were any deficiencies noted on frequency, protocol, and/or records?		
EDUCATION AND TRAINING PROGRAM	YES	NO
Does the employer have an education and training program?	✓	
Are any programs required by OSHA Health Standards (other than the HAZCOM)?	✓	
Were any deficiencies noted on content, and/or frequency?	✓	
RECORDKEEPING PROGRAMS (other than 29 CFR 1904 requirements)	YES	NO
Does the employer have a recordkeeping program relating to any occupational health medical, training, respirator fit tests, ventilation measurements, etc.)?	✓	
Are any programs required by OSHA health standards?	✓	
Were any deficiencies noted on content, frequency, and/or access?	✓	
PERSONAL HYGIENE FACILITIES AND PRACTICES (showers, lockers, change rooms, etc)	YES	NO
Are any required by OSHA health standards?		✓
What Standards?		
Were any deficiencies noted?		
What?		
LABELING AND POSTING POLICIES AND PROCEDURES (other than 29 CFR 1901, 29 CFR 1904 and HAZCOM)	YES	NO
Are any required by OSHA health standards?		✓
What standards?		
Were any deficiencies noted?		
What?		
HAZARD COMMUNICATION PROGRAM (HAZCOM)	YES	NO
Written program complete		✓
MSDS's (all)		✓
Labeling (adequate)		✓
Training (complete)		✓
Copy MSDS's/Program attached		✓
OTHER	YES	NO
Access to exposure and medical records? AFE WORKPRACTICES?		✓
Fire protection and evacuation procedures?		✓
Systems safety and emergency response?		✓
Respiratory Protection?		✓
Lockout/tag out electrical safe work practices?		✓
First Aid		✓
Electrical safe work practices?		✓
Exposure control plan?		✓
Laboratory Standard?		✓
Ergonomic Problems?		✓
If YES, complete the Items 1 and 2 below.		
1. Lifting (10% or more similarly exposed employees injured)		
a. Total # of employees exposed to job: _____		
b. Total # of cases for job: _____		

2. CTD's (10% or more similarly exposed employees have CTD's; 5% or more CTD's cases) a. Total # of employees exposed to job: _____ b. Total # of cases for job: _____		
Other significant injury/illness trends? If YES, please explain:		
EVALUATION OF EMPLOYER'S OVERALL SAFETY AND HEALTH PROGRAM	YES	NO
Employer has a Safety & Health Program.		
Written.		
Copy Attached.		
Accident Prevention Program.		
Written.		
Copy Attached		

EVALUATION OF SAFETY AND HEALTH PROGRAM

(0=Nonexistent, 1=Inadequate, 2=Average, 3=Above Average) – If CSHO finds that the scores are inadequate then a recommendation for a Safety & Health Program and/or Joint Labor Management Safety & Health Committee should be made.

Written S & H Program	0	1	2	3
Communication to Employees	0	1	2	3
Enforcement	0	1	2	3
Safety Training Program	0	1	2	3
Health Training Program	0	1	2	3
Accident Investigation Performed	0	1	2	3
Preventive Action taken	0	1	2	3

CLOSING CONFERENCE NOTES:

1. Were any unusual circumstances encountered such as, but not limited to, abatement and/or negative employer attitude? ☐ Yes ☒ No

2. If YES, please explain.

CLOSING CONFERENCE CHECK LIST (Mark X as appropriate)

- | | |
|--|-------------------------------------|
| 1. No Violations Observed. | <input type="checkbox"/> |
| 2. Questioned Whether Asbestos Work Was Performed. | <input type="checkbox"/> |
| 3. Gave Employer Copy of the Act. | <input checked="" type="checkbox"/> |
| 4. Discussed All Employer Rights and Obligations | <input checked="" type="checkbox"/> |
| 5. Reviewed Hazards Observed/Standards Allegedly Violated. | <input checked="" type="checkbox"/> |
| 6. Encouraged Informal Conference. | <input checked="" type="checkbox"/> |
| 7. Offered Abatement Assistance. | <input checked="" type="checkbox"/> |
| 8. Discussed HAZCOM Program. | <input checked="" type="checkbox"/> |
| 9. Discussed Consultation Programs | <input checked="" type="checkbox"/> |

CLOSING CONFERENCE HELD WITH EMPLOYEE REPRESENTATIVE

☒ Jointly ☐ Separately


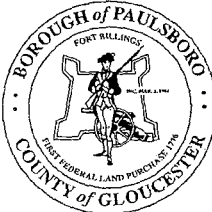
**NEW JERSEY DEPARTMENT OF HEALTH & SENIOR SERVICES
OCCUPATIONAL HEALTH SERVICE
PUBLIC EMPLOYEES OCCUPATIONAL SAFETY & HEALTH (PEOSHA)**

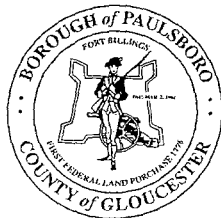
ATTENDANCE SHEET

DATE/TIME: 11/11/12 10:15 am

LOCATION: Paulsboro Fire Dept

PURPOSE: AOH

#	NAME	PHONE NUMBER	TITLE	ORGANIZATION
1	** PII **	609- ** PII **	Inspector	PAOSH
	Opening Conference Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Walk Around Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Closing Conference Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2	** PII **	609- ** PII **	Chief	PFD
	Opening Conference Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Walk Around Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Closing Conference Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3	** PII **	(856)- ** PII **	Firefighter	PFD
	Opening Conference Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Walk Around Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Closing Conference Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
4				
5	 Michael A. Licciardello - Chief		Kathy A. VanScoy, RMC, CMC, CMR Borough Clerk	
6	PAULSBORO FIRE DEPARTMENT 1502 Swedesboro Avenue • Paulsboro, NJ 08066 Office: (856) 423-2121 Fax: (856) 423-2887 Email: ** PII **		 1211 Delaware Street Paulsboro, NJ 08066 www.paulsboronj.org (856)423-1500 Fax: (856)423-9117 Email: ** PII **	
7				
	Opening Conference Yes <input type="checkbox"/> No <input type="checkbox"/>			
8				
	Opening Conference Yes <input type="checkbox"/> No <input type="checkbox"/>			
9				
	Opening Conference Yes <input type="checkbox"/> No <input type="checkbox"/>			



JOHN S. SALVATORE
Administrator
Chief Financial Officer

1211 Delaware Street
Paulsboro, NJ 08066

(856)423-1500
(856)423-9117 Fax
(609)-**** PII ****

DOH1571

**New Jersey Department of Health and Senior Services
PEOSH Program**

OSHA 1B Form (Worksheet)

CSHO	W2254	Inspection Number	316088327	
Number of Employees Exposed to the Hazard		20	Number of Instances of the Violation	1
Type of Violation	Serious		Date of Inspection	January 11 & 17, 2012
Citation Number	1	Item Number	1s	
Standard	29 CFR 1910.120(q)(6)(ii)			
Abatement Period: Number of Calendar Days or Date Abatement Due			45 days	

Description of Citation/Additional Information:

Employees did not receive training based on the duties and functions to be performed by each employee during a hazardous materials operation.

Loc: Facility Wide

Employees did not receive first responder operations training or demonstrate competency annually.

Hazard: PEOSH has determined that all firefighters are required to have Haz Mat Operations training due to their potential exposure to hazardous materials at fire calls.

Employee Exposure: Firefighters **** PII **** and **** PII **** are representative of the firefighters who may be exposed to hazardous materials at fire calls.

Employer Knowledge: During the inspection, Chief Liccardello stated that he was aware of the haz mat training requirement and has trained his personnel to awareness level. He was not aware of the requirement that firefighters have operations level training.

New Jersey Department of Health and Senior Services
PEOSH Program

OSHA 1B Form (Worksheet)

CSHO	W2254	Inspection Number	316088327	
Number of Employees Exposed to the Hazard		20	Number of Instances of the Violation	1
Type of Violation	Serious		Date of Inspection	January 11 & 17, 2012
Citation Number	1	Item Number	2s	
Standard	29 CFR 1910.1030(h)(1)(ii)(B)			
Abatement Period: Number of Calendar Days or Date Abatement Due			45 Days	

Description of Citation/Additional Information:

The medical record for an employee with occupational exposure did not include a copy of the employee's hepatitis B vaccination status, including the dates of all the hepatitis B vaccinations or any medical records relative to the employee's ability to receive vaccination as required by 29 CFR 1910.1030(f)(2).

Loc: Facility Wide

Hepatitis B vaccination records were not available for Firefighters who are occupationally exposed to bloodborne pathogens.

Hazard: Firefighters may be exposed to bloodborne pathogens while conducting extrications from vehicular accidents.

Employee Exposure: Firefighters **** PII **** and **** PII **** are representative of the firefighters who may be exposed to bloodborne pathogens at fire calls.

Employer Knowledge: During the inspection, Chief Liccardello provided hep B vaccination records from 2003 but stated that there are no recorded offerings after that.

Serious Penalty Calculation
Paulsboro Fire Department
Paulsboro Fire Association #1
1502 Swedesboro Avenue
Paulsboro, NJ 08066
Inspection: 316088327

Citation 1, Items 1s & 2s

Gravity Based Penalty:

Severity:	Medium	Injuries or temporary reversible injuries, resulting in hospitalization or a limited period of disability.
Probability:	Lesser	Likelihood of injury or illness is relatively low.
Medium/Lesser	\$4,000	

Adjustment Factors:

Size (SF):	0.70	26 to 100 employees
Good Faith (GFF):	0.85	15%-documentable and effective safety and health program, but with more than incidental deficiencies
History (HF):	1.00	No reduction shall be given to employers who have no PEOSH inspection history in the past five years, or for employers who have been cited by PEOSH for any serious citation other than a High/Greater gravity based penalty in the past five years.

Penalty:

Perdiem Penalty:	\$2,380
Abatement Date:	2/22/12
Total Accrual (Days):	0
Accrued Penalty to Date:	\$0

This penalty was arrived at using the PEOSH Procedure for Enforcement. This gravity based penalty was derived using the following formula: $((GBP \times HF) \times GFF) \times SF = \$Penalty/day$

Note Minimum Penalty is \$500/day

DOH1574

OSHA'S FORM 300A Summary of Work Related Injuries and Illnesses

Year 2011
U.S. Department of Labor
Occupational Safety and Health Administration

ALL ESTABLISHMENTS COVERED BY PART 1904 MUST COMPLETE THIS SUMMARY PAGE, EVEN IF NO WORK-RELATED INJURIES OR ILLNESSES OCCURRED DURING THE YEAR. BEGINNING IN 2002, THE TOP OF EVERY PAGE MUST CONTAIN THE ESTABLISHMENT AND OCCUPATIONAL RECORDS DIVISIONS OF THE DEPARTMENT OF LABOR, AND THE YEAR, EQUAL THE ESTABLISHED NUMBER FOR EACH CATEGORY. THIS INCLUDES THE TOTALS BELOW, WHICH MUST BE LEAST ONE HUNDRED THOUSAND DOLLARS OF THE YEAR. IF YOU ARE TO REPORT, WRITE "0".

Employers, former employers, and labor representatives must also ensure that the OSHA Form 300 is not destroyed. They also have limited access to the OSHA Form 300 in the workplace. See 29 CFR Part 1904.35, 1904.36, and OSHA's enforcement policy. For further details on the adverse provisions for these forms.

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	3
(a)	(b)	(c)	(d)

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(e)	(f)

Total number of...	
(g)	(h)
(1) Injuries	3
(2) Skin disorders	0
(3) Respiratory conditions	0
(4) Poisonings	0
(5) Hearing loss	0
(6) All other illnesses	0

Establishment information

Your establishment name TRIJIP-PAULSBORO

Address 1121 ORLAYA STREET

City PAULSBORO State NJ Zip 08066

Industry description (Use NAICS code or other work category) Local Govt

Standard Industrial Classification (SIC) code (Use SIC 2010) _____

Employment Information

(If you don't have these figures, use the nearest on the last of each year to estimate.)

Average number of employees _____

Total hours worked by all employees last year _____

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I am the official person signing and that the information provided is true and accurate to the best of my knowledge.

[Signature] Title Adm

423-1500 Date 1/20/12

856

Post this summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing the data needed, and existing and gathering the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid control number. If you have any comments about this collection of information or any other aspect of this data collection, including the U.S. Department of Labor, OSHA Office of Statistics, Room N-2340, 210 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed form to this office.

DOH1575

OSHA'S FORM 300A

Summary of Work Related Injuries and Illnesses

Year 2010

U.S. Department of Labor
Occupational Safety and Health Administration

All establishments covered by Part 1914 must complete this summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the log to verify that the entries are complete and accurate before completing this summary.

Using the log, count the (individual) entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no count, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u>	<u>4</u>	<u>0</u>	<u>4</u>
(G)	(H)	(I)	(J)

Total number of days away from work	Total number of days of job transfer or restriction
<u>21</u>	<u>0</u>
(K)	(L)

Total number of...

(1) Injuries	<u>8</u>	(4) Poisonings	<u>0</u>
(2) Skin disorders	<u>0</u>	(5) Hearing loss	<u>0</u>
(3) Respiratory conditions	<u>0</u>	(6) All other illnesses	<u>0</u>

Establishment Information

Your establishment name TRIJIF-PAULSBORO

Street 1121 DELAWARE STREET

City PAULSBORO State NJ Zip 08056

Industry description(s.e., Manufacture of motor truck trailers)

Local Gov.

Standard Industrial Classification(SIC), if known(s.e., SIC 2715)

Employment Information

(If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees 67

Total hours worked by all employees last year 102467

Sign here

Knowingly falsifying this document may result in a Fine.

I certify that I have examined this document and that to the best of my knowledge its contents are true, accurate and complete.

**** PII ****

ACM Title 21111

556, 423, 1520 Date 2/11/11

Phone _____

Post this summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 84 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room H-3346, 218 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

DOH1570

JUN-20-2012 14:33 FROM: BUREAU OF PHILSBORO BOOTHILL

10-007 204 0113

P.070

Year 2009
U.S. Department of Labor
Occupational Safety and Health Administration

Exhibitors, former exhibitors, and trade representatives have the right to review the OSHA Form 311 in its entirety. They also have limited access to the OSHA Form 311 as its multiplicate. The 27 CFR Part 11(d), 301, is OSHA's recordkeeping rule. For further details in the matter mentioned for this form.

Total: number of...			
(M)			
(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing Loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Establishment information

Your establishment name: FRIJIF-PAULSBORO

Street: 1121 DELAWARE STREET

City: PAULSBORO State: NJ Zip: 08066

Industry description: Manufacturing of motor trucks (except for
Local Gov)

Standard Industrial Classification(SIC), (4 digits) : SIC 37161

Employment Information

If you don't have exact figures, use the following as the best of this type to estimate.)

Average number of employees _____

Total hours worked by all employees last year _____

Sign here _____

Knowingly falsifying this document may result in a fine.

I certify that I am responsible for the accuracy and truth of the information furnished above, and I agree to cooperate in any investigation requested and initiated.

**** PII ****

New Executive Order #13526 ADAM

68-413 1500 1 10

Date _____

Public reporting burden for this collection of information is estimated to average 5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, reviewing and revising the information, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Office, Paperwork Project (0434-0188), and the Office of Management and Budget, Paperwork Project (0434-0188). Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Office, Paperwork Project (0434-0188), and the Office of Management and Budget, Paperwork Project (0434-0188).

DOH1577

OSHA'S FORM 300A

Summary of Work Related Injuries and Illnesses

Year 2008

U.S. Department of Labor
Occupational Safety and Health Administration

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0".

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.55. In OSHA's recordkeeping rule, for further details on the access provisions for these forms.

NUMBER OF DEATHS	NUMBER OF CASES WITH DAYS AWAY FROM WORK	NUMBER OF CASES WITH JOB TRANSFER OR RESTRICTION	NUMBER OF OTHER RECORDABLE CASES
<u>0</u>	<u>1</u>	<u>0</u>	<u>1</u>
(B)	(3)	(I)	(J)

NUMBER OF DAYS AWAY FROM WORK	NUMBER OF DAYS OF JOB TRANSFER OR RESTRICTION
<u>6</u>	<u>0</u>
(K)	(L)

TOTAL NUMBER OF...	
(1) Injuries	<u>2</u>
(2) Skin disorders	<u>0</u>
(3) Respiratory conditions	<u>0</u>
(4) Poisonings	<u>0</u>
(5) Hearing Loss	<u>0</u>
(6) All other illnesses	<u>0</u>

Establishment information	
Your establishment name	<u>TRIJIF-PAULSBORO</u>
Street	<u>1121 DELAWARE STREET</u>
City	<u>PAULSBORO</u> State <u>NJ</u> Zip <u>08066</u>
Industry description (e.g., Manufacture of motor truck trailers)	<u>Local Government</u>
Standard Industrial Classification (SIC), if known (e.g., SIC 3715)	
Employment Information	
(If you don't have these figures, see the Worksheet on the back of this page to estimate.)	
Annual average number of employees	<u>67</u>
Total hours worked by all employees last year	<u>102,667</u>
Sign here	
Knowingly falsifying this document may result in a fine.	
I certify that I have reviewed this document and that to the best of my knowledge and belief, the information is true, accurate and complete.	
<u>[Signature]</u>	<u>ADM</u>
Company executive	Title
Phone <u>(856) 423-1500</u>	Date <u>2/11/09</u>

Post this summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3664, 230 Constitution Avenue, NW, Washington, DC 20216. Do not send the completed forms to this office.

1211 Delaware Street
Paulsboro, NJ 08066
Phone: 856-
Fax: 856-
jsalvatorc

Borough of Paulsboro

Fax

To: Patrick BOST From: John S. Salvatore, Administrator
Fax: 609 **** PII **** Date: 1-20-12
Phone: _____ Pages: 5
Re: OSHA Loss Form 300A CC: _____
☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

•Comments:

FOR 2009-10-11-12
as requested



New Jersey Department of Health and Senior Services
Right to Know Program

COMPLIANCE SCREENING REPORT

NJEIN Number (11 digits): _____

Name of Employer: Amesco Fire Dept

Name of Employer Representative/RTK Coordinator: Maria Liccardello

Telephone #: () 856 **** PII ****

Street Address: **** PII **** City/Town: Amesco

☒ NO violations of the Worker and Community Right to Know Act were noted.

The following violations were noted during the screening inspection:

☐ Survey - Failure to report chemicals present
List example & location of violation:

☐ Labeling - Failure to label containers with the chemical names and CAS# of the top five ingredients.
List example & location of violation:

☐ Poster - Failure to post the Right to Know Poster at the facility

☐ Central File -
☐ No Central File present
☐ Central File did not contain
 ___ RTK Survey & Updates
 ___ Material Safety Data Sheets
 ___ RTK Hazardous Substance List*
 ___ RTK Hazardous Substance Fact Sheets*

*Electronic access to the RTK website in lieu of hard copies for these items is acceptable.

**** PII ****

November 28, 2011

To Whom It May Concern,

I have stood back and watched in horror for way to long and before someone gets really hurt I am forwarding this to you as I have a number of concerns for the safety of the firefighter members of the Paulsboro Fire Department

There are young fire fighters who have had no Firefighter I training and are permitted to wear air packs and fight fires. Attached picture number 1 & 2 shows one of those fire fighters with a pack on, but has not been SCBA certified. Individuals entering hot zones with no SCBA protection (Attached picture 3). Officers who should be leading by example enter hot zones with no SCBA protection (Attached picture 4).

In many instances Chief Officers are found to be wearing little to no gear while at incidents. (Attached pictures 5, 6 and 7). The captain and one of the chief officers just obtained their ICS 300 and 400 in 2011. The Chief Officer had been chief many years back and has held other officer positions in the not too distant past that should have required those courses to be completed prior to 2011.

Medical - There is one fire fighter who was exposed to blood borne pathogens during a drill in 2010 and has been told that the incident will be documented, however this matter is still unresolved. There appears to be no written Exposure Control Plan nor anyone assigned the duties of Exposure Control Officer. Required physicals for department personnel have not been done for almost 2 years. One fire fighter was taken to the hospital from the scene of a fire for a diabetic emergency earlier this year and department documentation on that incident was in all probability never completed.

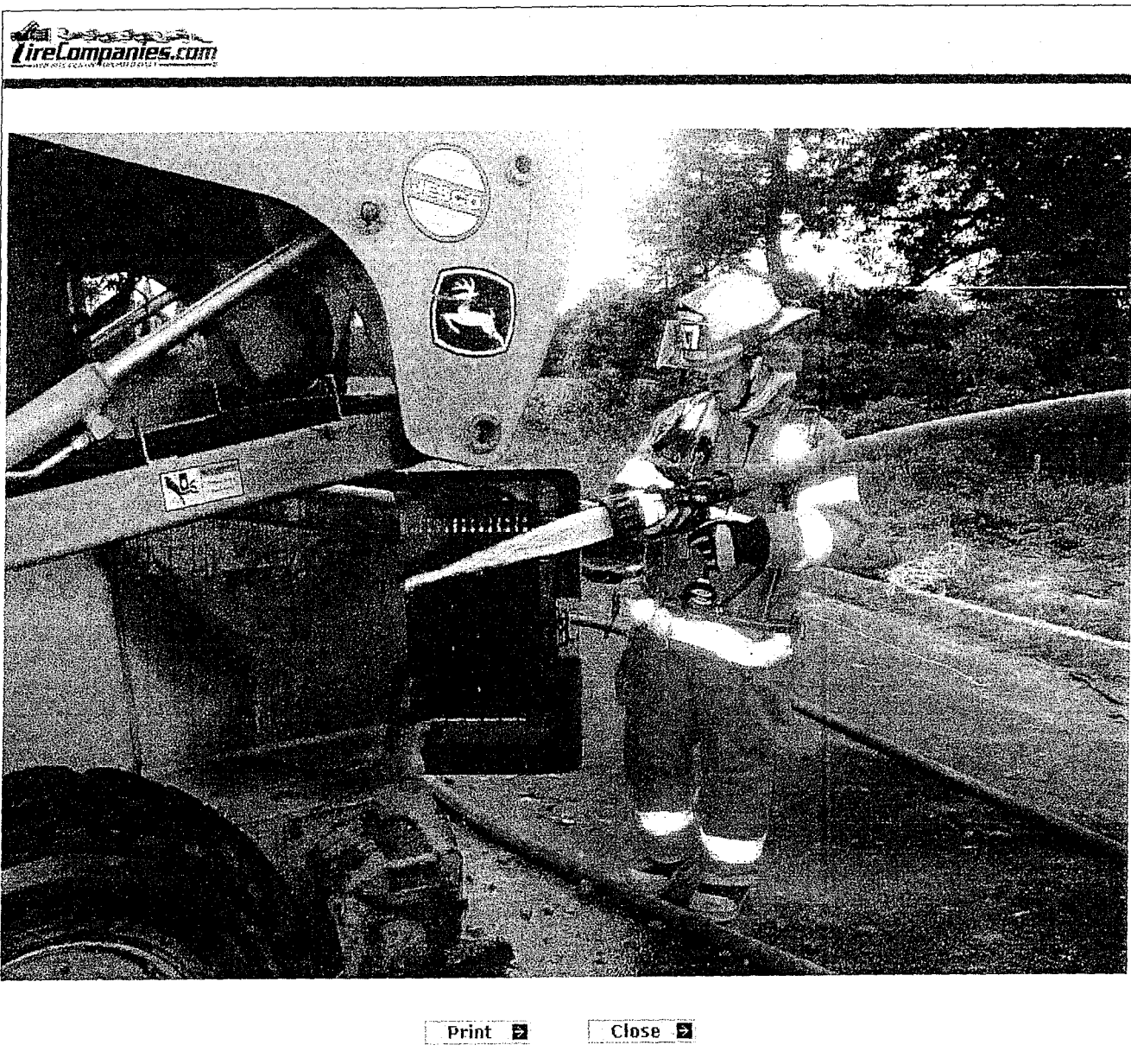
There are many equipment issues, portable radios on the trucks that do not work, truck maintenance that is little to none, poor tire conditions on trucks, CO meters that don't work when needed, and other equipment in desperate need of attention. Also when new equipment is brought in to service there is no training given to familiarize users with this equipment. Example: new gear with GEMTOR bailout Harnesses are being purchased, however the department has had no bail out training.

There are many more pictures of incidents such as those noted that can be found on the Paulsboro Fire Department website. www.paulsborofire.com

Cc:

Paulsboro Public Safety Committee
N.J. Division of Fire Safety
PEOSH

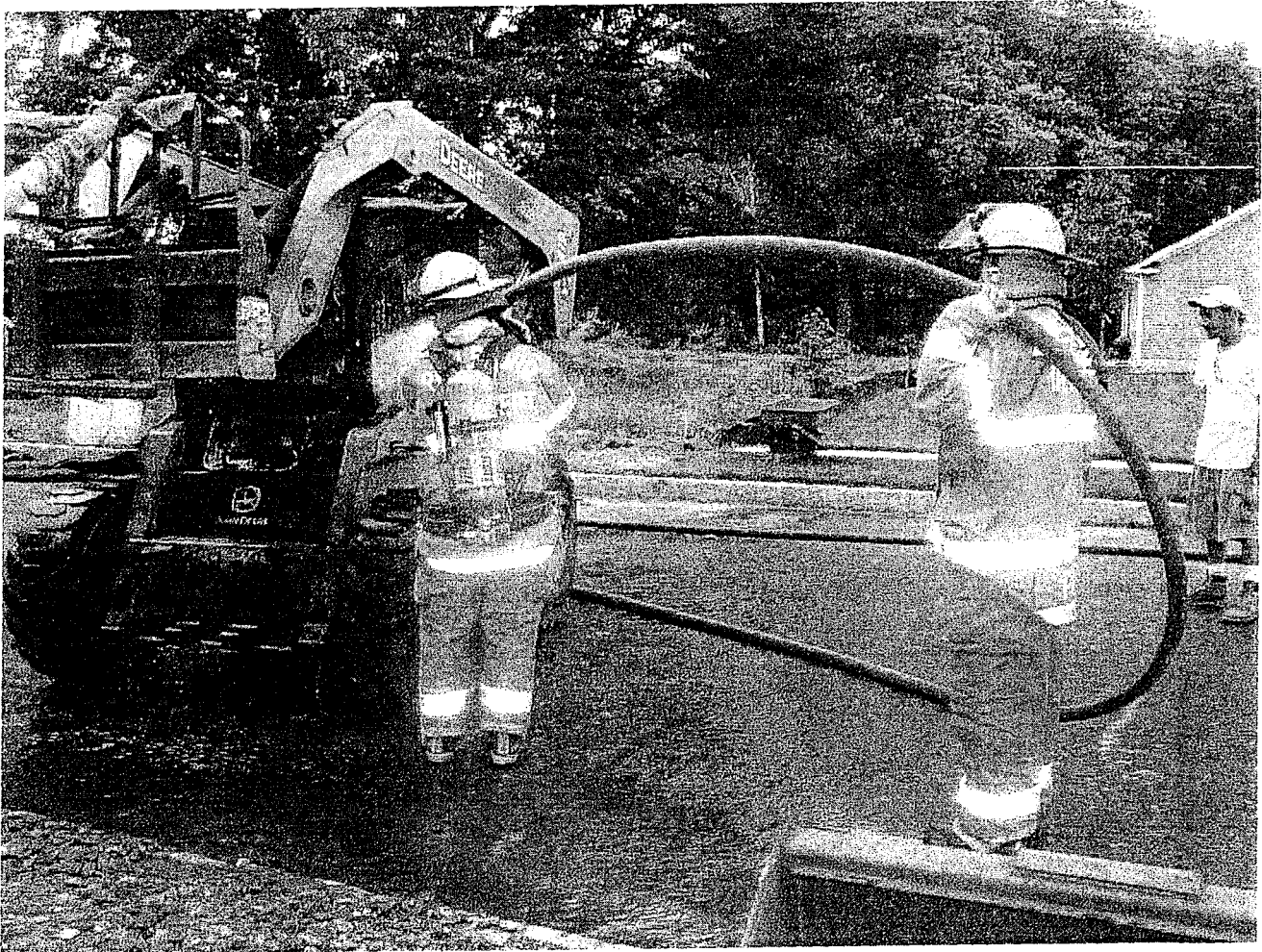
DOH1581



Fire in East Greenwich on June 1, 2011. Fire fighter with no Fire Fighter 1 training in SCBA

Attached picture 1

DOH1582



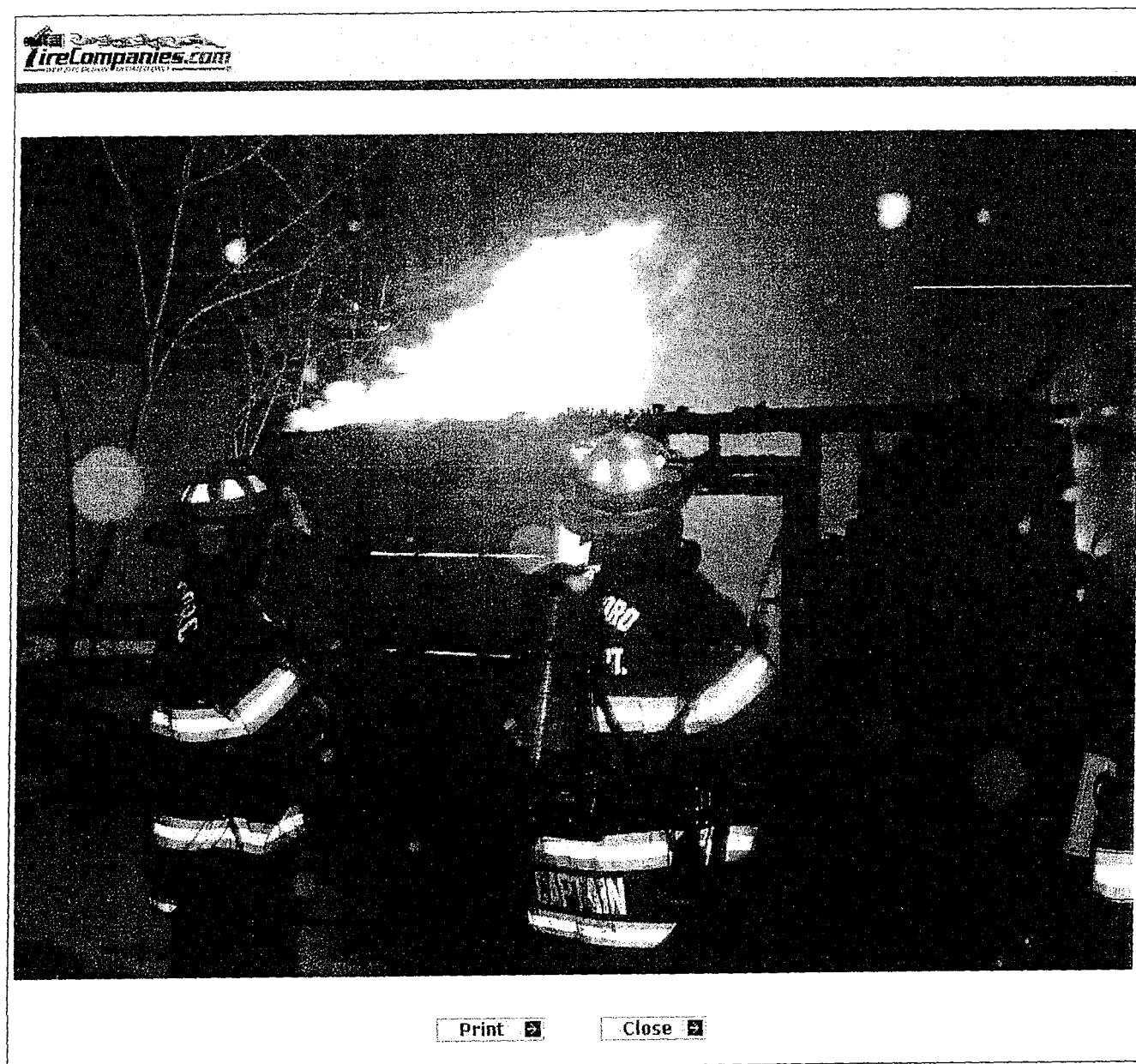
Print

Close

Fire in East Greenwich on June 1, 2011. Fire fighter with no Fire Fighter 1 training in SCBA

Attached picture 2

DOH1583



Garage Fire on Berkley Road, January 17, 2011. A Fire fighter with no Fire Fighter 1 training, no SCBA protection standing in hot zone.

Attached picture 3

DOH1584



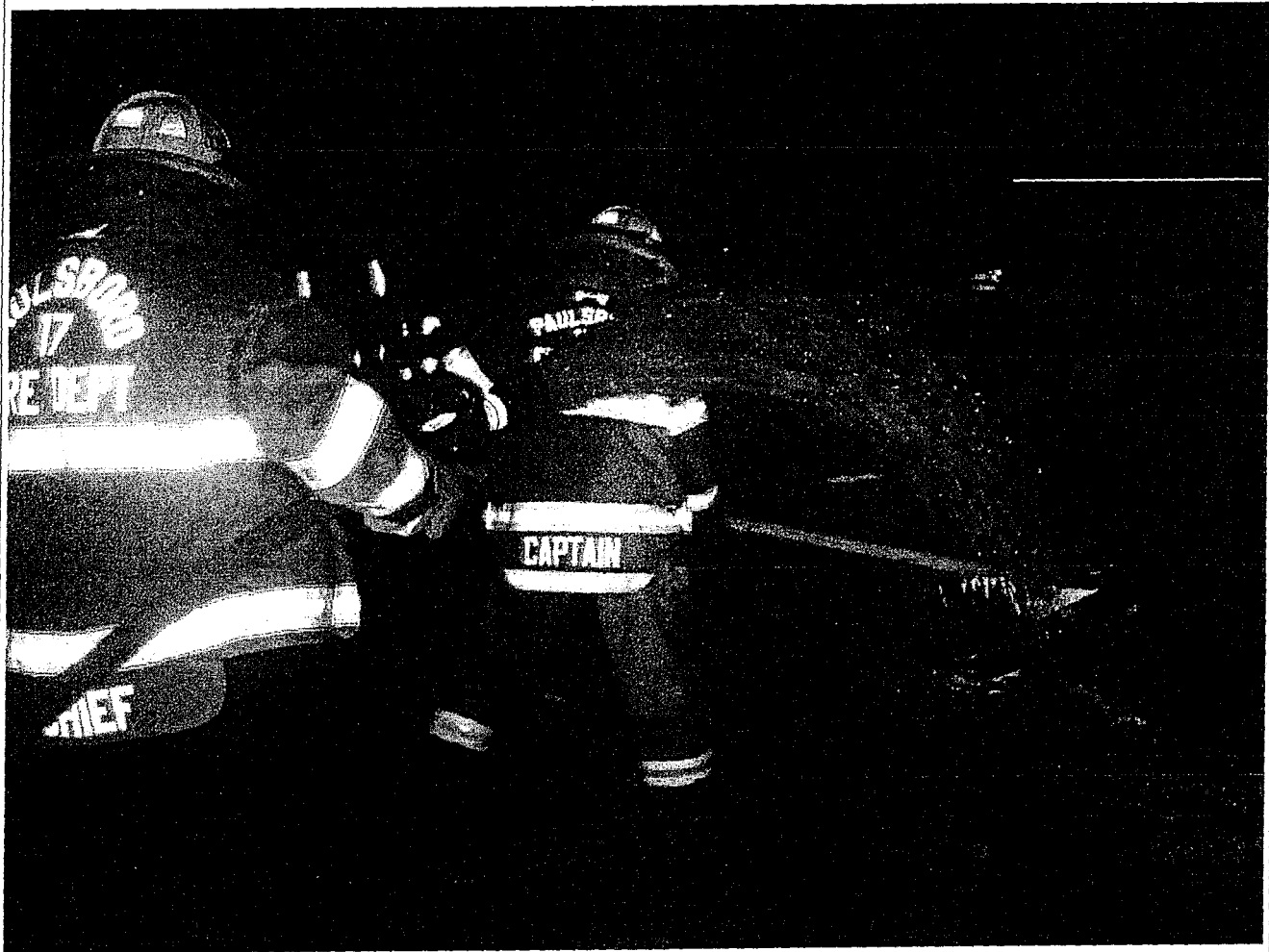
Print

Close

Garage Fire on Berkley Road, January 17, 2011. Chief Officer, tool in hand and about to open what is left of a door with no SCBA protection

Attached picture 4

DOH1585



Print

Close

March 3, 2011

Garage Fire on Nassau Avenue. Chief Officer, with just a coat, helmet and gloves. No leg/foot protection

Attached picture 5

DOH1586